LB-182(8/03)

## MICHIGAN DEPARTMENT OF AGRICULTURE LABORATORY DIVISION - WEIGHTS AND MEASURES

P.O. Box 30017, Lansing, Michigan 48909

DEPT. USE ONLY			
Registration No. (ID)	Expiration Date		
Certificate No.			

\_Date \_

**BIENNIAL FEE AGENCY: \$150.00 PERSON:** \$ 50.00

REGISTRATION

## APPLICATION FOR SERVICEPERSON AND SERVICE AGENCY REGISTRATION

(In accordance with P.A. 283 of 1964, as amended, Michigan Weights and Measures Act)

PLEASE	TYPE (	DR PRINT	LEGIBLY
--------	--------	----------	---------

☐ Certified Standards

PLEASE TYPE OR PRINT LEGIBLY						,		
		ARE A SOLE	SERVICEPE	RSON AC	SENCY FILL OUT B			
AGENCY (SEE NOTE ABOVE)		SERVICEPERSON (SEE NOTE ABOVE)						
AGENCY NAME		TELEPHONE		NAME (SEE NOTE		(0	TELEPHONE	
1444 NO 077557 177500		( )					( )	
MAILING STREET ADDRESS		FAX		MAILING S	TREET ADDRESS		FAX ( )	
CITY		STATE	ZIP	CITY			STATE ZIP	
CONTACT NAME	EMAIL ADDRE	SS		EMAIL ADD	PRESS	·		
APPLYING FOR:	□ C\	WMA Regis	stration (see	CWMA	requirements)			
(PLEASE CHECK ONE)		ew – Servic	-					
		ew – Servic						
			erviceperso ervice Agen			No		
						No		
Have you ever been registered     If yes, specify state(s)	as a Servi	ceperson ir	another stat	:e? 	□ Yes □ No	)		
2) If yes, was your registration ev	er suspend	led or revok	ked?		□ Yes □ No	)		
3) Have you been convicted of an	y felony?			□ Yes □ No				
If you answered yes to #2 or #3	above, ple	ase explai	n fully in wr	ting and	return with this	application.		
Please check the category(s) for very exam are mandatory for all applications.		re applying	. <b>NOTE</b> : Su	ccessful	completion of NIS	T Handbook 44 Tra	ining and the	e P.A. 283
□ (A) Agri. Chemical/Mass Flow N	⁄leters □	(E ) Mediu	m Capacity S	Scales (5	00 to 20,000 lb)	☐ (I) Vehicle and A	Axle-Load So	cales
☐ (B) Belt Conveyor Scales		(F) Railroa	ad Track Sca	les		☐ (J) Vehicle Tank LPG)	Meters (Ot	her than
□ (C) Livestock & Animal Scales		(G) Retail	Computing S	Scales		☐ (K) Loading Rac	k Meters	
□ (D) L.P. Gas Meters		(H) Retail	Motor Fuel D	ispenser	S			
Please submit with this application  1) Appropriate report for		e device cat	egory(s) for v	vhich vou	ı are applying (Se	rvice Agency)		
Proof of completion o     Certificate(s) showing     equivalent laboratory	NCWM Tr	aining Cour agency's st	rse for any ca	tegory -	including NIST Ha	andbook 44 (Service		ry or
The <b>biennial fee must be submitt</b> e examination(s).	ed with thi	s applicati	on. You will	be notifie	ed by mail of the d	ate, time, and locati	on of the qu	alifying
x					х			
Signature	(REQUIRE	D TO PRO	CESS)			I	Date	
Make remittance payable to the <b>ST</b>	ATE OF MI	Mich Laborator	igan Departı y Division –	Weights ox 30017	and Measures			
			FOR OFFI	CE USE (	ONLY			
☐ Acceptable Report Forms	Registra	tion:   A			Examination Co	mpleted		

□ Denied

Signature \_